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CONFIRMATION NO. 2628

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| SERIAL NUMBER 10/726,011 | FILING OR 371(c) DATE 12/02/2003 RULE | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 3588.1000-001 |
| APPLICANTS Andy H. Levine, Newton, MA; David A. Melanson, Hudson, NH; John C. Meade, Mendon, MA; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/512,145 10/17/2003 <i>OK AS</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none AS</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/02/2004 | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AS</i> Examiner's Signature Initials | STATE OR COUNTRY MA | SHEETS DRAWING 56 | TOTAL CLAIMS 37 |
| INDEPENDENT CLAIMS 5 | | | | |
| ADDRESS 021005 | | | | |
| TITLE Anti-obesity devices | | | | |
| FILING FEE RECEIVED 1678 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |